

Attachment 1: Transmittal Form

M+C Organization Information

Total Number of ACRs Attached: _____

Total Page Count for All ACRs: _____

HCFA Contract #:

H-_____

Organization Name:

Street Address:

City:

State:

Zip Code:

Primary Contact:

Name:

Title:

Phone Number:

Fax Number:

E-mail address:

Alternate Contact:

Name:

Title:

Phone Number:

Fax Number:

E-mail address:

Page Count for Each ACR:

ACR #1: _____ ACR #21: _____

ACR #2: _____ ACR #22: _____

ACR #3: _____ ACR #23: _____

ACR #4: _____ ACR #24: _____

ACR #5: _____ ACR #25: _____

ACR #6: _____ ACR #26: _____

ACR #7: _____ ACR #27: _____

ACR #8: _____ ACR #28: _____

ACR #9: _____ ACR #29: _____

ACR #10: _____ ACR #30: _____

ACR #11: _____ ACR #31: _____

ACR #12: _____ ACR #32: _____

ACR #13: _____ ACR #33: _____

ACR #14: _____ ACR #34: _____

ACR #15: _____ ACR #35: _____

ACR #16: _____ ACR #36: _____

ACR #17: _____ ACR #37: _____

ACR #18: _____ ACR #38: _____

ACR #19: _____ ACR #39: _____

ACR # 20: _____ ACR #40: _____